

CLASS C AMENDMENT FORM

99-140.T
23755

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

RECEIVED
JUN 6 2012
T.T.W.W/W

DATE: 6-6-12

I have the following Certificate:

☐ Class C Taxi # ☒ Class C Charter # ☒ Class C Charter Bus # 0073
☐ Class C Non-Emergency #

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: S.E. TRANSPORTATION, INC DBA: THE POINT
(Current Name) (Current DBA if applicable)

TO: WILSON'S BUS SERVICE, LLC DBA: THE POINT TRANSPORTATION
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: To:
(Current Scope) (New Scope)

☐ Passenger Limit

From: To:
(Current Limit Number) (New Limit Number)

Name & DBA if DBA is applicable)

PO Box 338, BEAUFORT SC 29901
(Street and/or Mailing Address)

(City, State, Zip Code)

(Signature)

843 476 0641
(Telephone Number)

PRESIDENT

(Title) Owner, President, etc.

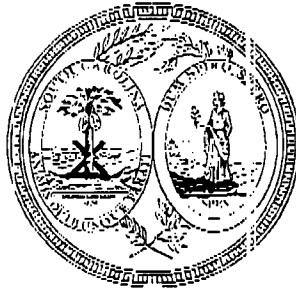
RECEIVED

Revised 3-2-10

JUN 29 2012

CLERK'S OFFICE

The State of South Carolina



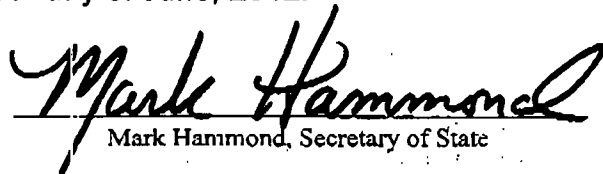
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

WILSON'S BUS SERVICE, L.L.C., A Limited Liability Company duly organized under the laws of the State of South Carolina on June 7th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
19th day of June, 2012.


Mark Hammond, Secretary of State

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

JUN 07 2012

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name")

Wilson's Bus Service, L.L.C.

***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

907 Calhoun Street

Street Address

Beaufort

29902

City

Zip Code

3. The initial agent for service of process is

Wilson Kirven

Name

Wilson Kirven
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

907 Calhoun Street

Street Address

Beaufort

29902

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Wilson Kirven

Name

907 Calhoun Street

Street Address

Beaufort

SC

29902

City

State

Zip Code

(b)

Name

Street Address

State

Zip Code

120618-0153

FILED: 06/07/2012

WILSON'S BUS SERVICE, L.L.C.

Filing Fee: \$110.00 ORIG

Form Revised by South Carolina
Secretary of State, March 2012

Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company Wilson's Bus Service, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) _____
Name


Street Address

City State Zip Code
- (b) _____
Name

Street Address

City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.


Signature of Organizer4 JUNE 12
Date_____
Signature of Organizer_____
Date

Schmieding, Janice

From: Schmieding, Janice
Sent: Tuesday, June 12, 2012 3:01 PM
To: 'Chauvin, Carole'; DeSanty, Tricia
Cc: 'Nelson, Jeff'
Subject: RE: Request for name change

I did but he did not send in the new LLC papers reflecting the change.

From: Chauvin, Carole [mailto:cchauvi@regstaff.sc.gov]
Sent: Tuesday, June 12, 2012 3:00 PM
To: Schmieding, Janice; DeSanty, Tricia
Subject: Request for name change

Did you get a request I faxed on 6-6-12 to amend the name on Charter Bus Certificate 0073?

Current name: S.E. Transportation, Inc. DBA The Point

New name: Wilson's Bus Service, LLC DBA The Point Transportation

Carole Chauvin
Program Specialist
SC Office of Regulatory Staff
Phone: 803-737-0578
Fax: 803-737-0815
Email: cchauvi@regstaff.sc.gov